

October 26, 2016

The Honorable Thomas P. Giblin
New Jersey Senate
1333 Broad Street
Clifton, NJ 07013

Dear Assemblyman Giblin:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I write in **opposition** to New Jersey Assembly Bill (A.B.) 2170, which would inappropriately grant prescriptive authority to psychologists and unprecedented powers to the State Board of Psychology Examiners.

While the AMA values the role that psychologists play in our nation's health care system, we do not believe that granting them prescriptive authority is in the best interests of New Jersey's patients because it will sever the physician-psychologist collaborative relationship and serve to further fragment care.

Physicians have 10,000 hours of comprehensive medical education and training

Physicians have more than 10,000 hours and 7-to-11 years of clinical education and training to enable them to correctly diagnose, treat and manage patients' health care needs. In comparison, psychologists are only required to have one year of patient care experience during their training—training that is focused entirely on non-medical therapies.

In sharp contrast to psychology training, at each stage of a medical student's education and training, medical students learn how pharmacotherapy integrates into all branches of medicine, such as family medicine and psychiatry, including child and adolescent psychiatry. Physicians are tested on this knowledge as part of the medical licensure process, with particular emphasis on pharmacotherapy in the third and fourth part of the United States Medical Licensing Exam—a series of four examinations that physicians must take and pass in order to be licensed to practice medicine in the United States.

After graduation from medical school, psychiatric resident physicians spend more than four years learning the complexities related to appropriate prescribing in multiple clinical situations and settings—gaining in-depth knowledge essential to their chosen specialty. Such medical education and training are essential to safely treat patients and independently prescribe psychotropic medications that are used to treat mental illness and other conditions. There is no equivalent in psychologists' education and training, even with the additional pharmacologic educational requirements anticipated in the proposal at issue.

The proposal grants the psychology board unprecedented authority

Furthermore, we are greatly concerned that A.B. 2170 would grant the New Jersey State Board of Psychology Examiners the unlimited authority to authorize non-medically trained persons to prescribe some of the world's most powerful medications. We note that none of the members of the psychology

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board are required to have any direct experience prescribing these powerful medications. How then, can they know what is “recognized” or “customary” in the pharmacologic treatment of mental and emotional disorders? By granting such widespread authority, the psychologists’ proposal would do a grave disservice to New Jersey’s patients.

Further, A.B. 2170 does not limit the types of medications that psychologists could dole out, meaning they could prescribe anything from antibiotics to high blood pressure medications to addictive opioids like oxycodone. Even if the psychology board limits prescriptive authority to psychotropic medications, this proposal puts patients at risk. Among the 30 most commonly prescribed medications, 18 carry “Black Box Warnings” from the FDA on serious and deadly side effects, such as stroke, heart attack and birth defects among pregnant women.

Insufficiently trained psychologists with a prescription pad would put medically complex patients at risk. They could prescribe drugs to children, pregnant women, seniors and anyone with chronic medical conditions. Those patients need a well-trained doctor who understands the complex interactions drugs have on the human body.

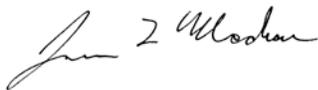
New Jersey physicians and psychologists practice in same locations

Finally, a review of the practice locations of psychiatrists and other primary care physicians compared to psychologists’ locations clearly shows that there is no shortage of prescribing professionals in urban areas of New Jersey. I have attached a map that depicts this for your consideration. We agree that patients need greater access to care in rural areas, but the data show that psychologists are not any better geographically situated to serve rural populations than psychiatrists and other primary care physicians in New Jersey. While we encourage you to continue a dialogue on access to care in rural New Jersey, we strongly believe A.B. 2170 does nothing to address these complex issues.

For these reasons, the AMA **opposes** A.B. 2170 and urge you to do the same. If you have any questions, please contact Kristin Schleiter, JD, LL.M., Senior Legislative Attorney, Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783.

Thank you for your consideration.

Sincerely,



James L. Madara, MD

Attachment

cc: Medical Society of New Jersey
American Psychiatric Association
Omar Z. Maniya, MBA